

Phone: 1-866-239-2778 TTY: 1-800-360-5899 Paperwork Fax: 1-866-547-2481 Paperwork E-mail: <u>cs-njjacc@pplfirst.com</u> **PEP Information Packet**

JACC Program

Website: <u>www.pplfirst.com</u>

Dear Participant Directed Employee (PEP):

This Information packet contains instructional documents to help you fill out your *Enrollment Packet* which will help you be a successful PEP for the participant that has hired you.

INFORMATION for PEP:

- Public Partnerships Customer Service Quick Facts
- Payroll Schedule
- ➢ BetterOnline[™] Web Portal Registration
- E-Timesheet Instructions
- Paper Timesheet Instructions
- > ADP[®] ALINE Frequently Asked Questions
- > ADP[®] ALINE Fee Schedule

INSTRUCTIONS to help fill out your Enrollment Packet:

- Instructions for the Information and Attestation Form
- Instructions for USCIS Form I-9
- Instructions for IRS Form W-4
- Instructions for Form NJ-W4
- > Paper Timesheet

If you have questions, please work with your Participant/Employer. If you need additional help, call customer service at 1-866-239-2778 or e-mail us at <u>cs-njjacc@pplfirst.com</u>.

PEP Information

The Participant/Employer and PEP should read these, and the PEP should keep them for their reference.

Public Partnerships Customer Service Quick Facts
Payroll Schedule
BetterOnline[™] Web Portal Registration
E-Timesheet Instructions
Paper Timesheet Instructions
ADP® ALINE Frequently Asked Questions
ADP® ALINE Fee Schedule



Public Partnerships Customer Service Quick Facts

Our Customer Service Center can help with questions about enrollment, timesheets, and many other topics concerning the Jersey Assistance for Community Caregiving (JACC) Program

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Telephone: E-mail: TTY:	1-866-239-2778 <u>cs-njjacc@pplfirst.com</u> 1-800-360-5899	Timesheet Fax: Paperwork Fax: Paperwork E-mail: Mailing Address:	1-866-493-9968 1-866-547-2481 njpplfax@pplfirst.com Public Partnerships JACC Program 8000 Avalon Blvd, Suite 300 Alpharetta, GA 300095
Hours of Operation Monday – Friday:	8:00 AM to 6:00 PM		• • • • • • • • • • • • • • • • •

Busy, or on the go?

E-mail us at <u>cs-njjacc@pplfirst.com</u>. Our customer service team will quickly respond to your e-mail and you may read our reply when it's convenient for you.

Need More Information on the Program?

Visit our website at <u>www.pplfirst.com</u>. You can get more information by selecting "PROGRAMS" tab and selecting New Jersey from the map of the United States.

Have you visited the BetterOnline[™] web portal?

Visit the Better Online[™] web portal at <u>https://fms.pplfirst.com</u>. You'll find many great and easy-touse resources available to you, such as:

- > Creating, reviewing, and submitting e-Timesheets;
- Checking the status of your past and present timesheets;
- Setting a real-time report on the balance of your Plan of Care (*Participants/Employers only*); and
- Viewing and Printing pay stubs.

Please call us at 1-866-239-2778 or e-mail us at <u>cs-njjacc@pplfirst.com</u> if you have any questions.

you have registered.

BetterOnline[™] Web Portal Registration

How do I register online? This document will outline how to set up your Username and Password so that you may begin using the BetterOnline[™] web portal to create timesheets and track payments. The process for online registration is the same for both Participants and PEPs.

1. The first thing you should do is type in the web address provided below into your browser: (we recommend saving this as a *favorite*, so that you don't have to keep typing it in).

2. A log in screen will appear. You will use this screen to log into the BetterOnline[™] web portal after

BetterOnline [™] web portal Don't forget to bookmark this page
Enter Your Login Information
Username
Password
Forgot your username or password?
Remember username
Login or Sign Up

https://fms.pplfirst.com

3. Click on the **Sign Up** hyperlink to the right of the Login button.

	an Pine He
Login	or Sign Up

4. This will bring you to the **New User Registration** screen. It will ask you to choose your state.

New User Registration	
Step 1: Select your State, Program and Role State -select - • Cancel	

5. Select <u>New Jersey</u> from the drop-down list and select <u>NJ DoAS JACC</u> for the Program and select the appropriate Role.

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Contact Us	
New User Registration	

Step 1: S	elect your St	ate, Progra	m and Role
State	New Jersey	~	
Program	NJ DoAS JACC	~	
Role	PEP	~	
Cancel	Next		

- 6. After you have selected your Role, click the **<u>NEXT</u>** button to continue to registration.
- 7. You will be brought to the **Step 2: Enter Credentials** screen. You are now required to verify who you are by completing the following three fields:
 - > **<u>Provider ID</u>**: This is your PEP ID. The ID that Public Partnerships has provided you.
 - Social Security Number: Provide your SSN.
 - Last Name: This is the Employer's or Employee's last name.
- 8. Enter your information into the blanks and then click on NEXT.
 - If the system is unable to verify your information, then the Employer's or PEP's information may have been entered inaccurately at the time of enrollment. In order to resolve this, call the Customer Service Center and provide the Employer/PEP ID so that we may verify the demographic information on file.
- 9. You will now be brought to the **Step 3**: **User Information** page. This is the page in which you will actually register yourself as a user in the system.

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First Name.		Last Name:	
User Name:		Email Address	POptenal
Password		Coofirm Password	
Notes			
iecurity Questions: - Select - - Select - - Select -			
- Select -	•		
- Select -	•		
		Previous Submt	

- 10. You will be asked to enter the following information:
 - Username: Public Partnerships suggests that you use the first letter of your first name and your last name.

Example: Megan Maynard = MMaynard

NOTE: If the username you select is already in use, you will need to choose a different username.

- Password: Your password must be at least 6 characters long and contain at least 1 numerical character, 1 capitalized character, and 1 lower case character. Please be aware that your password will be case sensitive.
- > **<u>Confirm Password</u>**: Here, you need to retype the password you just created.
- E-mail Address: Your e-mail address is an optional field. Public Partnerships will use this e-mail address to send information pertaining to your timesheets. PLEASE NOTE: If you provide an e-mail address, you will receive an e-mail confirmation of your username and password.
- Security Questions: You should choose three questions from the down menus. Put the answers to these questions in the data fields next to the corresponding questions.
 - If you ever need to change your username or password, these questions provide a layer of security to protect your privacy.
- 11. If you are happy with all of your information hit the **<u>SUBMIT</u>** button.

E-Timesheet Instructions

Instructions for PEPs

E-timesheets allow you to fill-out and submit your timesheets online, view the status of timesheets, and search for timesheets previously entered into the system. All of this can be done at your convenience and without having to call Public Partnerships to confirm that your timesheet was received.

Remember: Before you start using e-timesheets, you must first be a registered user. Please follow the *BetterOnline Web Portal Registration* instructions included in your enrollment packet to become a registered user. You may also download instructions from our website.

How to Create and Submit an E-Timesheet

1. Log into the Public Partnerships BetterOnline[™] web portal using your username and password:

https://fms.pplfirst.com

2. You will default onto the **Timesheet List** page. You will see the **Create Timesheet** and **Search Timesheet** options directly beneath the dark green banner.

New Jersey 1	Department of]	Health and Senior Services	
My Profile Timesheets Co	ntact Us		
Create Timesheet Search Time	sheet		
Timesheets			
Timesheet Status:	Paid 🗸		
Timesheet Start Date Range:	any	- any	
Timesheet Submitted Date Range:	any	any 🛄	
Search			

3. Click on the **Create Timesheet** hyperlink. You will be directed to the **Member Search** page. From here you will see a list of all the members you work for.

Create Time	sheet												
Participant Last N	lame		TEST02	, QA02									
Participant First N	lame												
Participant ID													
External ID													
EIN Number													
EOR First & Last	Name												
Search													
Participant	Participant ID	External ID	City	Birth Date	Good To Serve*	Employer of Record Name	EIN Number	Phone	Email	Participant Profile	Create Timesheet	Support Tickets	Documents
TEST02, QA02	C018054	999999997	NEW BRUNSWICK	03/09/1998	No			732-369-6437		Participant Profile	Create Timesheet	Support Tickets	Documents

4. Click on Create Timesheet, next to the member you would like to submit time for.

E-Timesheet Instructions

5. You will be prompted to enter a **Time Period**. The easiest way to do this is to click on the calendar icon next to the empty box and choose the date from the calendar that corresponds to the first date worked that you would like to submit.

TEST EMPLOYEE	Timesheet for TEST MEMBER
Employee ID: E001565	Member ID: C001170
	Member Phone No: 6143610812
me. The system will automatically show	w the entire pay period that corresponds to that date. 8/1/2014
me. The system will automatically sho	<pre></pre>
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ime. The system will automatically sho	Image: A start of the sta

After selecting your pay period, you will be taken to the Submit Timesheet screen. From here, you will enter the time you worked during the selected pay period.
 Submit Timesheet

	Participant ID: Participant Phone No:	999999997 : 732-369-6437
	Service:	Select a common service 🔹
Fime Period: Begin: Su	nday 07/16/2017. Click on th	he calendar to select different dates. 7/19/2017
07/16/2017 Sunday	Service	Time In Time Out Time In Time Out Activity T Total T T T
07/17/2017 Monday	Service	Time In Time Out Time In Time Out Activity V V There are more hours Copy Pa

- Choose a day of the week that you worked, and enter a service for that day by clicking on the Service drop down menu. You must pick a service for each day you worked; if you forget, the system will notify you when you try to submit your timesheet.
- 8. Next, enter the **Hours** and **Minutes** you worked on that date.
 - > To select the time of day you started, click on the **Time In** dropdown.
 - > To select the time of day you ended click on the **Time Out** dropdown.

Submit Timesheet

	Timesheet for QA02 Participant ID: Participant Phone No:	999999997
	Service:	Select a common service
Ŭ		ne calendar to select different dates. 7/19/2017
Ŭ	nday 07/16/2017. Click on th Hours	ne calendar to select different dates. 7/19/2017
Time Period: Begin: Su Date 07/16/2017 Sunday		ne calendar to select different dates. 7/19/2017

9. If you worked multiple shifts in one day, select the **There are more hours** button and a new line will appear on that date worked.

Time Period: Begin: Sunday 07/16/2017. Click on the calendar to select different dates. 7/19/2017

Date	Hours			
07/16/2017 Sunday	Service	Time In	Time Out	
	PEP-HBSC - Home Based Supp. Care CEP Activity	2 PM ¥ 00 ¥	4 PM ▼ 00 ▼ Remove Time	Copy Paste
	PEP-HBSC - Home Based Supp. Care CEP Activity	5 PM ¥ 00 ¥	7 PM • 00 • There are more hours	Copy Paste

- 10. When you have finished entering all of the days you worked in the pay period, scroll to the bottom of the page and click on the **Next** button.
- You will be directed to the **Confirm Timesheet** page. On this page, you should review the timesheet you entered for completeness and accuracy.
 Confirm Timesheet

			Participant	t for QA02 ID: 9 Phone No: 7	999999997		
Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	Activities
07/16/2017 Sunday	4 hours	Home Based Supp. Care CEP Home Based Supp. Care CEP	PEP-HBSC PEP-HBSC	2.00 PM 5:00 PM	4 00 PM 7:00 PM	2 hours 2 hours	
07/17/2017 Monday							

12.

If the timesheet has an error, you may scroll to the bottom of the page and click on the **Edit** button to make the necessary changes.

- 13. After verifying that the timesheet is accurate, click on the **Submit** button located near the bottom of the page.
- 14. After you click on the **Submit** button, you will be directed to a confirmation page letting you know that your timesheet has been submitted for approval.

TEST EMPLOYEE Timesheet for TEST MEMBER Timesheet ID : OK00000									
Employee ID: E001565		Member ID: Member Ph	C001170 one No: 614361081	2	Status: SUBMITTED				
Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	Activities		
08/01/2014 Friday									
-									
08/01/2014 Friday 08/02/2014 Saturday 08/03/2014 Sunday									

15. If there is a problem with your timesheet that would cause it to not be paid, then the BetterOnline[™] web portal will not allow the timesheet to be submitted for approval until the problem is fixed. You may contact our customer service center if you have a question about a specific pend message.

Examples:

- > Overlapping time.
- > Missing member or employee enrollment paperwork.
- Missing employee rate.
- Once you have successfully submitted your timesheet for approval, <u>it will be up to your employer</u> <u>to approve the timesheet</u>. You may monitor the approval status by searching your timesheets and reviewing the Status.
 - > When approved, the status will update from **Submitted** to **Approved**.
 - Do not assume that if you submitted your timesheet it will be paid. Monitor the status of your timesheet and/or remind your Veteran/Employer to approve your timesheets in a timely manner.
 - Once in an Approved status, it will be sent to Public Partnerships for payment in the next scheduled pay cycle.

Paper Timesheet Instructions

Public Partnerships accepts paper timesheets by fax or mail. Timesheets are read by a machine (like the ones that read standardized tests), so it is important that you fill out these timesheets clearly and completely.

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Parti	cipan	t's N	ame: (2								D							O Home Bas	ed Support	tive Care(PCA) +
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Required Fields

All of these fields **MUST** be completed for the timesheet to be paid. This list corresponds to the timesheet image found on the previous page.

- A. **Employee Name:** This is the name of the employee who is providing services.
- B. **Employee ID:** This is employee's PPL ID.

- C. **Participant Name:** This is the name of the participant receiving services. Please print the participant's name clearly on the line.
- D. **Participant ID:** This is participant's PPL ID.
- E. **Service Type:** Fill in the circle for the service being provided.
- F. Week 1 Begin Date: This is the first day of the pay period. Your pay schedule will list these dates for you. Please enter the first day of the pay period on this line (*even if you don't start work on this date*).
- G. Week 2 End Date: This is the last day of the pay period. Your pay schedule will list these dates for you. Please enter the last day of the pay period on this line (*even if your last date worked for the pay period is before this date*).
- H. **Time IN:** Enter the time the employee started working. *Please remember that you* **MUST** *fill in the corresponding circle for AM or PM.*
- I. **Time OUT:** Enter the time the employee finished working. *Please remember that you* <u>MUST</u> *fill in the corresponding circle for AM or PM.*
- J. **Date of Employee's Signature:** This should be the date that the employee reviewed and signed the timesheet. This date must not be before the last date worked on the timesheet.
- K. **Employee Signature:** Signature of the employe who provided service on the dates worked.
- L. **Date of Participant's/Employer's Signature:** This should be the date that the Participant/Employer reviewed and signed the timesheet. This date must not be before the last date worked on the timesheet.
- M. **Signature of Participant/Employer:** Signature of the Participant/Employer who reviewed and approved the timesheet.

Special Situations

1. **Working overnight**: When you work overnight (past midnight), you must complete one line for work you did before midnight and another line for work you did after midnight.

For example, say you worked overnight Friday from 9:00 PM to 6:00 AM. Enter the Time IN as 9:00 PM. Enter the Time OUT for Friday as 11:59PM. Now, you did not finish working at 11:59 PM, you just finished working on Friday at that time. Enter the rest of your time from 12:00 AM to 6:00 AM in the Saturday line.

			ŀ			AM O	\mathbf{PM}			:			AM O	\mathbf{O}^{PM}
Fri	0	9]: 	0	0	AM O	PM O	1	1	:	5	9	AM O	PM ©
C .	1	2	:	0	0	AM ©	PM O	0	6	:	0	0	AM O	PM O
Sat			:			AM O	$\mathbf{P}^{\mathbb{M}}$:			AM O	\mathbf{O}^{PM}

2. Many employees work with a participant multiple times in a day. You can enter two different in and out times on one timesheet, but you must enter each on a separate line. If you need to enter more than two in and out times for the same day, you will need to move onto a second timesheet for the same pay period.

For example, say you started working for Megan at 9:00 AM. You helped her until 10:05 AM. You left to run an errand, came back at 11:15 AM, and stayed until 12:30 PM. You would enter one line for each time you were providing services as shown below.

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Fri	1	1	. .	1	5	AM PM O		1	2	:	3	0	AM PM O O

Other Rules:

- Fill in the timesheet clearly. The participant/employer will need to be able to read the timesheet clearly or your payment may be delayed.
- Fill in all the required fields. You will not be paid unless all the fields are filled in.
- Use dark ink.
- Use separate timesheets for different participants.
- Do not round time. Write the exact time.
- If you make a mistake, use a new timesheet; do not use whiteout.

Obtaining Timesheets

The standard method to submit a timesheet to Public Partnerships is electronically, using e-Timesheets on the BetterOnline[™] web portal or through your smartphone using the Time4Care[™] smartphone application.

Submitting time worked through e-Timesheets or Time4Care[™] allows the user to fill-out and submit timesheets online, view the status of payments, and search for timesheets previously entered and paid in the system. All of this can be done at the user's convenience and without having to call Public Partnerships' customer service to confirm that a timesheet was received.

If you are unable to complete timesheets electronically and will utilize paper timesheets, please contact our Customer Service Center. We will mail your participant/employer pre-populated timesheets.

Where to Send Timesheets

Fax to: 1-866-493-9968

Mail to: Public Partnerships, LLC JACC Program 8000 Avalon Blvd, Suite 300 Alpharetta, GA 30009

Questions? We're here to help. Call our Customer Service Center at 1-866-239-2778.

ALINE Frequently Asked Questions

You Earned It. Now Understand the Benefits that Come From Receiving Your Pay on the ALINE by ADP[®] Debit Card.

Can I use my debit card at any retail location?

You may use your card at most retail stores that accept Visa branded prepaid cards.

Can I get cash back when making retail purchases? Yes, at participating locations using a PIN number.

Can I use ATM's to get cash from my Aline debit card? Yes, in network ATM's are surcharge free (\$0). Out of network ATM's charge a fee of \$1.75.

Can I go to a bank and withdraw money from my Aline debit card?

Yes, you have unlimited Visa member bank over-thecounter bank teller withdrawals.

Do I need a bank account to get an Aline debit card? No, no account needed. You get your pay direct deposited to your card on payday.

What kind of customer service does ADP provide?

Online at mycard.adp.com, the ADP[®] Mobile Solutions App, Customer Service at 1-877-237-4321 as well as text and email alerts for account balance and transactions (standard text messaging fees from your carrier may apply).

Are my funds secure like they are with a bank account? Yes, your funds are FDIC insured (subject to established

limits) and your purchases are protected by VISA's Zero Liability from unauthorized purchases.

I have two employers. Can I direct deposit my pay from my other employer to this card?

Yes, you can receive your pay on the card no matter where you work. You can also deposit tax refunds, child support or government benefits directly to your card.

How do I get a PIN number?

When you receive your Aline[®] card and call to activate it, you will have the opportunity to enter a new PIN number.



No Monthly Maintenance Fee. No Bank Account Needed. Customer Support 24/7

What if I lose my debit card?

You call customer service at 1-877-ADP-4321 and ask for a free replacement. There is no fee unless you want your card through overnight mail.

How will I receive my card in the mail?

Your card will arrive in a white envelope with a window where you will see Aline Card by ADP[®] printed.



For more information, contact ADP Customer Service at I-877-ADP-4321

FEE SCHEDULE

LISTA DE TARIFAS

IF285 (REV 12/2014)

		LISTA DE TARIFAS	
DESCRIPTION	FEE	DESCRIPCIÓN	TARIFA
One (1) ATM withdrawal per pay period at any Allpoint, MoneyPass, PNC Bank or MB Financial Bank ATM (In-Network ATM). Accept surcharge if appears. Fee will be waived or credited.	\$0	Un (1) retiro en ATM por periodo de pago en cualquier ATM Allpoint, MoneyPass, PNC Bank o MB Financial Bank (ATM de la Red). Acepte el recargo si aparece en la pantalla. El cargo será eliminado o acreditado.	\$0
Each additional In-Network ATM withdrawal per pay period	\$3.00	Cada retiro adicional en ATM de la Red por periodo de pago	\$3.00
Out-of-network ATM withdrawals [Other third parties, such as ATM owner, may charge additional fees.]	\$3.00	Retiros en ATM fuera de la red. [Otros terceros, tales como el propietario del ATM, pueden aplicar cargos adicionales].	\$3.00
Visa member bank cash withdrawal	\$0	Retiro de efectivo en un banco de membresía Visa	\$0
Purchase transactions and cash back with purchase	\$0	Transacciones de compra y devolución de dinero en efectivo con la compra	\$0
Email and text message alerts (standard text messaging fees may apply from your carrier)	\$0	Alertas por correo electrónico y mensajes de texto (se podrían aplicar cargos estándar por su compañía telefónica de mensajería de texto)	\$0
Green Dot Reload @ the Register™ [Fees may apply to reload using Green Dot Reload @ the Register™.]	\$0	Green Dot® Reload @ el register™ [Se aplican cuotas de recarga al utilizar Green Dot® Reload @ el register™]	\$0
Online bill pay service	\$0	Servicio de pago de facturas en línea	\$0
Online bill pay stop payment	\$25.00	Suspensión de pago de facturas en línea	\$25.00
Online bill pay expedited payment	\$9.95	Pago acelerado de facturas en línea	\$9.95
Monthly maintenance	\$0	Mantenimiento mensual	\$0
Online card management	\$0	Administración de la tarjeta en línea	\$0
Automated 24hr phone & live customer service	\$0	Servicio al cliente automatizado por teléfono o en vivo 24 horas al día	\$0
Balance inquiry and withdrawal decline at any ATM	\$0	Consulta de saldo y rechazo de un retiro en cualquier ATM	\$0
International Purchase & International ATM Transaction Currency Conversion Fee (percent based on total transaction amount)	3%	Cargo por conversión de divisa en transacción de compra internacional y uso de ATM internacional (porcentaje basado en el monto total de la transacción)	3%
One (1) free lost/stolen card replacement each calendar year - regular mail fee - expedited mail fee Each additional lost/stolen card replacement - card and regular mail fee - card and expedited mail fee	\$0 \$24 \$6 \$30	Un (1) reemplazo gratuito de tarjeta extraviada/robada cada año calendario - cargo por correo regular - cargo por correo apresurado Cada reemplazo adicional de tarjeta extraviada/robada - cargo por la tarjeta y correo regular - cargo por la tarjeta y correo apresurado	\$0 \$24 \$6 \$30
Monthly paper statement	\$1.50	Estado de cuenta mensual impreso	\$1.50
Each secondary card - card and regular mail fee - card and expedited mail fee	\$2.00 \$26.00	Cada tarjeta secundaria - cargo por la tarjeta y correo regular - cargo por la tarjeta y correo apresurado	\$2.00 \$26.00
Custom card - card creation and regular mail fee - card creation and expedited mail fee ALINE Cards are made available through ADP. ADP, the ADP logo, and ALINE are registered trademarks of ADP. LLC. The ALINE Card by ADP is issued by	\$4.95 \$28.95	Tarjeta personalizada - cargo por creación de la tarjeta y correo regular - cargo por creación de la tarjeta y correo apresurado Las ALINE Cards están disponibles a través de ADP. ADP, el logotipo de ADP de ADP con marcar construadas de ADP. ADP. La tariata ALINE Card de ADP	\$4.95 \$28.95

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PEP Instructions

Please read through these Instructions while completing the *Enrollment Packet*.

Instructions for the Information and Attestation Form

Instructions for USCIS Form I-9

Instructions for IRS Form W-4

Instructions for Form NJ-W4

Paper Timesheet

Instructions for Information and Attestation Form

What is the purpose of this form?

Public Partnerships uses this form to enroll you as a PEP in the JACC Program.

How do I complete this form?

Pages One (1) and Two (2):

 Fill in each field and answer each question completely and accurately; this information is used to setup your profile in our system.

Page Three (3):

 Select your preferred payment method, indicate if you cannot view paystubs online, and if you cannot submit timesheets electronically.

Page Four (4):

 Check off the YES/NO boxes to indicate your relationship to the Employer. We use this to properly withhold your taxes.

Pages Five (5), Six (6) and Seven (7):

• Read through the program rules and requirements.

	PART	ICIPANT INFOR	MATION		
Participant First Name:			cipant Last	Name:	
Participant ID #:					
Pai	RTICIPANT-EM	PLOYED PROV	IDER INFO	RMATION	ſ
Participant-Employed Provid	ler First Name:	Middle Initial:			Provider Last Name:
Participant-Employed Pro	vider ID #:	1			
Participant-Employed Pro	vider Maiden/A	lias Name(s):			
Date of Birth:	So	cial Security Num	ber:		ender:] Female 🔲 Male
		HYSICAL ADDR	RESS		
Physical Address (<u>no</u> P.O. Physical Address 2 (apt, bl		e)•			
City:	ug., umi, app, ei	State:		7	ip Code:
		State.	8		ap coue.
County:					
	AILING ADDRE	SS (if different fro	om Physical A	Iddress)	
Mailing Address:					
Mailing Address 2 (apt, bl	lg., unit, ste., etc	;):			
		State			lip:

PEP Information and



Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <u>Instructions</u>.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee day of employment,					ees must comp	lete and	d sign Seo	ction 1 of F	orm I-9 n	o later th	an the first
Last Name (Family Name)		First Nan	ne (Giver	n Name)	Middle I	Initial (if any) Other Las	t Names Us	ed (if any)	
Address (Street Number an	id Name)		Apt. Nu	mber (if	any) City or Tow	'n		1	State	ZIP	Code
Date of Birth (mm/dd/yyyy)	U.S. Soc	cial Security Numb	er	Emplo	oyee's Email Addres	SS			Employee	's Telephor	ne Number
I am aware that federa provides for imprisonr fines for false stateme use of false document connection with the cc this form. I attest, und of perjury, that this inf including my selectior attesting to my citizen immigration status, is correct. Signature of Employee	nent and/or nts, or the s, in ompletion of ler penalty ormation, n of the box ship or	1. A citizer 2. A nonci 3. A lawfu	n of the l tizen nat I perman tizen (oth Numbe	Jnited S ional of ent resi ner thar e r 4. , en	the United States (dent (Enter USCIS I Item Numbers 2.	See Instru or A-Num and 3. abo	ictions.) ber.) bove) authoriz	zed to work ur	ntil (exp. dat	e, if any)	structions.):
If a preparer and/or tr	anslator assist	ed you in comple	ting Sec	ction 1,	that person MUST	complet	e the Prepa	rer and/or Tr	anslator Ce	ertification	on Page 3.
Section 2. Employer business days after the e authorized by the Secreta documentation in the Add	mployee's firs arv of DHS, do	t day of employr ocumentation fro	nent, ar m List /	nd mus A OR a	st physically exam	nine, or e	examine co	nsistent with	n an altern	ative proc	edure
		List A		OR	Li	st B		AND		List C	
Document Title 1											
Issuing Authority											
Document Number (if any)											
Expiration Date (if any)											
Document Title 2 (if any)				Add	litional Informat	ion		•			
Issuing Authority											
Document Number (if any)											
Expiration Date (if any)											
Document Title 3 (if any)											
Issuing Authority											
Document Number (if any)											
Expiration Date (if any)				(Check here if you us	sed an alte	ernative proc	cedure author	ized by DHS	S to examin	e documents.
Certification: I attest, unde employee, (2) the above-lis best of my knowledge, the	ted documenta	ition appears to b	e genui	ne and	to relate to the em				First Da (mm/dd/	y of Employ /yyyy):	yment
Last Name, First Name and ⁻	Title of Employe	r or Authorized Re	presenta	ative	Signature of En	nployer or	Authorized	Representativ	ve	Today's Da	ate (mm/dd/yyyy)
Employer's Business or Orga	anization Name		Emp	oloyer's	Business or Organi	ization Ad	dress, City o	or Town, State	e, ZIP Code		

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a

combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	LIST C D Documents that Establish Employment Authorization
 U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: Foreign passport; and Form I-94 or Form I-94A that has the following:		 Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card 	 A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.
Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		 Clinic, doctor, or hospital record Day-care or nursery school record 	The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		Acceptable Receipts	•
May be prese		l in lieu of a document listed above for a t	emporary period.
	,	For receipt validity dates, see the M-274.	1
 Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1 .

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mn	n/dd/yyyy)	
Last Name <i>(Family Name)</i>	First I	Name <i>(Given Name)</i>			Middle Initial <i>(if any)</i>
Address (Street Number and Name)		City or Town		State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm	/dd/yyyy)	
Last Name (Family Name)	First I	Name <i>(Given Name)</i>			Middle Initial <i>(if any)</i>
Address (Street Number and Name)	•	City or Town		State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm	/dd/yyyy)	
Last Name (Family Name)	First	Name (Given Name)			Middle Initial <i>(if any)</i>
Address (Street Number and Name)		City or Town		State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mn	n/dd/yyyy)	
Last Name <i>(Family Name)</i>	First N	Name <i>(Given Name)</i>			Middle Initial <i>(if any)</i>
Address (Street Number and Name)	2	City or Town		State	ZIP Code

Supplement B,



Reverification and Rehire (formerly Section 3)

USCIS Form I-9 Supplement B OMB No. 1615-0047 Expires 07/31/2026

Department of Homeland Security

U.S. Citizenship and Immigration Services

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)	New Name <i>(if applicable)</i>				
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)		First Name (Given Name)		Middle Initial
	ee requires reverification, you prization. Enter the document		present any acceptable List A o pelow.	or List C documenta	tion to show
Document Title		Document Number (if any)		Expiration Date (if an	y) (mm/dd/yyyy)
			yee is authorized to work in o be genuine and to relate to		
Name of Employer or Authorize	ed Representative	Signature of Employer or Aut	horized Representative	Today's Date	(mm/dd/yyyy)
Additional Information (Initi	al and date each notation.)				rou used an cedure authorized mine documents.
Date of Rehire (if applicable)	New Name (if applicable)				
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)		First Name (Given Name)		Middle Initial
	ee requires reverification, you prization. Enter the document		present any acceptable List A o pelow.		
Document Title		Document Number (if any)		Expiration Date (if an	y) (mm/dd/yyyy)
			yee is authorized to work in o be genuine and to relate to		
Name of Employer or Authorize	ed Representative	Signature of Employer or Aut	horized Representative	Today's Date	(mm/dd/yyyy)
Additional Information (Initi	al and date each notation.)				rou used an cedure authorized mine documents.
Date of Rehire (if applicable)	New Name (if applicable)				
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)		Middle Initial
	ee requires reverification, you prization. Enter the document		present any acceptable List A o below.		
Document Title		Document Number (if any)		Expiration Date (if an	y) (mm/dd/yyyy)
			yee is authorized to work in o be genuine and to relate to		
Name of Employer or Authorize	ed Representative	Signature of Employer or Aut	horized Representative	Today's Date	(mm/dd/yyyy)
Additional Information (Initi	al and date each notation.)				rou used an cedure authorized mine documents.

Instructions for IRS Form W-4

What is the purpose of this form?

This form tells the IRS about the withholding allowances for which the PEP is eligible.

How do I complete this form?

- The PEP fills in their Name, Social • Security Number, Address, City, State, and ZIP Code.
- The PEP makes a selection in box #3 ٠ (Single, Married, or Married, but withhold at a higher Single rate).
- The PEP totals their number of allowances in box #5.
- The PEP indicates if any additional amount will be withheld in box #6.
- If the PEP is claiming tax exemption • status, they will write EXEMPT in box #7.
- The PEP signs and dates the bottom • of the form.
- The Participant/Employer does not need to sign this form.

Form W-4 Department of the T	in the second	Employee's Complete Form W-4 so that your emplo Give I Your withhold	рау.	20 24				
Step 1:		rst name and middle initial	(b) Social security numb					
Enter Personal Information	Addre City o	town, state, and ZIP code			card? crecit	your name match the on your social securi If not, to enuse you g for your earnings, et 35A at 800-712-121		
		Single or Married filing separately Married filing jointly or Qualifying survivin Head of household (Sheck only if you're unit	served and pay more than half the cost		orgo urselfe	to www.sas.gov. nd a qualifying individu		
claim exempti Step 2:	on tro	4 ONLY if they apply to you; otherv m withholding, and when to use the a Complete this step if you (1) hold m also works. The correct amount of i	atimator at www.irs.gov/W44 ore than one job at a time, or	pp. (2) are married filing joi	ntiy a	nd your spouse		
Multiple Job or Spouse Works	75	Do only one of the following. (a) Use the estimator at www.irs.go or your spouse have self-emplo	wW4App for most accurate w	withholding for this step				
		(b) Use the Multiple Jobs Worksher (c) If there are only two jobs total, y option is generally more accurat higher paying job. Otherwise, (b)	ou may check this box. Do the e than (b) if pay at the lower p	e same on Form W-4 fr	for the other job. This			
		4(b) on Form W-4 for only ONE of t you complete Steps 3-4(b) on the Fo	m W-4 for the highest paying	job.)	6. (Yo	ur withholding will		
Claim		If your total income will be \$200,000 Multiply the number of qualifying						
Dependent and Other		Multiply the number of other de						
Credits		Add the amounts above for quality this the amount of any other credits	3	\$				
Step 4 (optional): Other		(a) Other income (not from jobs expect this year that won't have This may include interest, divide) s				
Adjustments	5	(b) Deductions. If you expect to cla want to reduce your withholding the result here	use the Deductions Workshe			e) S		
		(c) Extra withholding. Enter any ad	ditional tax you want withheld	each pay period	4(c	a s		
Step 5: Sign Here	Unde	r penalties of perjury, I declare that this or	rtificate, to the best of my knowle	edge and belief, is true, or	orrect,	and complete.		
	Em	ployee's signature (This form is not	valid unless you sign it.)	De	te			
Employers Only	Empl	oyer's name and address	Employer identification number (EIN)					
For Privacy Act	t and P	aperwork Reduction Act Notice, see p	nge 8. Car	. No. 102200		Form W-4 (202		

• If you do not return a W-4 to Public Partnerships, we will be required to withhold Federal income taxes at the highest rate (Single with Zero allowances).

Who needs to sign?

The PEP signs and dates the bottom of this form. The Participant/Employer does **NOT** need to sign this form.

Instructions for Form NJ-W4

What is the purpose of this form?

This form tells the state of New Jersey about the withholding allowances for which the PEP is eligible.

How do I complete this form?

- The PEP fills in their Name, Social Security Number, Address, City, State, and ZIP Code.
- The PEP makes a selection in box #2 (Single, Married, Head of Household, etc.).
- The PEP totals their number of allowances in box #4.
- The PEP indicates if any additional amount will be withheld in box #5.
- If the PEP is claiming tax exemption status, they will write EXEMPT in box #6.
- The PEP signs and dates the bottom of the form.
- The Participant/Employer does not need to sign this form.

							2. FI	ling St	atus:	(Check	only o	ne box)		
Nam	10			_			1. Single 2. Married/Civil Union Couple Joint								
Addr	1955														
				- 1.			3. Married/Civil Union Partner Separate 4. Head of Household								
City		3	ate	1	Zip		5.	Qui	alifying	Widow	(er)/Su	urviving	Civil	Union	Partne
3. If yo	ou have chosen to use the char	t from instructi	on A, en	nter	the appr	opriate	letter h	nere .			3.				
4. Total	I number of allowances you an	e claiming (see	instruct	tion	s)						4.				
5. Addi	itional amount you want deduc	ted from each	pay								5. 5	5			
	im exemption from withholding														
7. Und	ditions in the instructions of the ler penalties of perjury, I certify n exempt status.										6. In this (certifica	ate or	entitleo	d to
Emp	loyee's Signature							Dat	0						
Emp	loyer's Name and Address							Em	nover k	dentifica	tion Nu	mber			
BASIC	INSTRUCTIONS														
Line 1	Enter your name, address and s Check the box that indicates you	ocial security nur	nber in t	he s	paces pro	wided.	D	Maniad	0.201	nine De	be an Ca	and the base		l he with	the state of
L=10 Z	Rate A.													De Wi	unièld a
	Note: If you have checked Bo														
	Widow(er)/Surviving Civil or more than one source of														
	If you do not complete Lin	e 3, you will be	vithheld a	at R	ate B.										
	If you have chosen to use the wa						Line will				of with	h aldian		under an	and the second
Line 4	Enter the number of allowances underpayment on your return.	you are claimin	. Enten	ing a	a number	on this	line will	decrea	se ne	amount	of with	noiding	and co	uid res	uitina
Line 5	Enter the amount of additional w	ithholdings you v	ant ded	ucte	d from ea	ch pay.									
	Enter "EXEMPT" to indicate that														
														conditi	ons:
	 Your filing status is SINGLE or 	MARRIED/CN	L UNION											conditi	ons:
	income will be \$10,000 or less	s for the current	L UNION	N PA	RTNER	SEPAR	ATE and	your w	ages pl	us your	taxable	nonwa	ge	conditi	ons:
	 Your filing status is MARRIE 	s for the current	ear.	N PA	RTNER	d your v	ATE and	your w	ages pl	us your	taxable	nonwa	ge	conditi	ons:
	 Your filing status is MARRIE partner's wages plus your taxe Your filing status is HEAD OF 	s for the current y D/CIVIL UNION able non wage in HOUSEHOLD of	COUPLE come will r QUALI	E JO	RTNER DINT, an \$20,000 NG WIDO	d your i or less W(ER)	ATE and wages of for the c SURVIV	ombine urrent y ANG CI	ages pl d with ear.	us your your sp	taxable ouse's/k	nonwa	ge on	conditi	ons:
	income will be \$10,000 or less Your filing status is MARRIE partner's wages plus your tax Your filing status is HEAD OF wages plus your taxable norm	s for the current y D/CIVIL UNION able non wage in HOUSEHOLD of vage income will	COUPLE come will r QUALI be \$20,0	E JO	RTNER DINT, an \$20,000 NG WIDO or less for	d your y or less W(ER)	ATE and wages of for the c SURVIV rent yea	ombine urrent y ANG CI	ages pl d with year. VIL UN	your sp	taxable ouse's/c RTNER	nonwa civil uni t and yo	ge on xur		
	income will be \$10,000 or less Your filing status is MARRIE partner's wages plus your taxa Your filing status is HEAD OF wages plus your taxable norm emption is good for ONE year only.	s for the current D/CIVIL UNION able non wage in HOUSEHOLD of vage income will You must compl	COUPLE come will r QUALI be \$20,0 ete and s	E JO II be IFYII 300 c subr	RTNER DINT, an \$20,000 NG WIDC or less for nit a form	d your or less or less W(ER) the cur each ye	ATE and wages of for the c SURVIV rent yea ar certif	ombine urrent y /ING CI r. lying yo	ages pl d with ear. VIL UN u have	your sp ION PA	taxable ouse's.k RTNER Jersey	nonwa civil uni t and yc Gross I	ge on our ncome	Tax liat	bility an
laim exe Taxation	income will be \$10,000 or less • Your filing status is MARRIE partner's wages plus your taxa • Your filing status is HEAD OF wages plus your taxable nonw emption is good for ONE year only. emption from withholding. If you is Cushomer service Center at 609	s for the current D/CNIL UNION able non wage in HOUSEHOLD of vage income will You must compl have questions a	COUPLE come will r QUALI be \$20,0 ete and s	E JO II be IFYII 300 c subr	RTNER DINT, an \$20,000 NG WIDC or less for nit a form	d your or less or less W(ER) the cur each ye	ATE and wages of for the c SURVIV rent yea ar certif	ombine urrent y /ING CI r. lying yo	ages pl d with ear. VIL UN u have	your sp ION PA	taxable ouse's.k RTNER Jersey	nonwa civil uni t and yc Gross I	ge on our ncome	Tax liat	bility an
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laim exe faxation nstructi This c	income will be \$10,000 or less Your filing status is MARRIE partner's wages plus your tax Your filing status is HEAD OF wages plus your taxable norm imption is good for ONE year only. emption from withholding. If you is Customer Senvice Center at 600 ion A - Wage Chart Lant is designed to increase withh	s for the current y D/C/VIL UNION able non wage in HOUSEHOLD c vage income will You must compl have questions a I-292-6400.	L UNION ear. COUPLE come will r QUALI be \$20,0 ete and s bout elig wages, if	E JC II be IFYII 000 c subr gibilit	RTNER : DINT, an \$20,000 NG WIDO or less for nit a form ty, filing s se wages	d your or less or less W(ER) the cur each ye tatus, w	ATE and wages of for the c SURVIV rent yea ear certif ithholdin taxed at	l your w combine urrent y /ING CI r. lying yo ig rates ta high	ages pl d with ear. VIL UN u have , etc. w er rate i	us your your sp ION PA no New hen cor due to in	taxable ouse's/c RTNER Jersey npleting nclusion	civil unit and yo Gross I this fo	ge on xur ncome rm, cal er wage	Tax liab I the Dr as or inc	bility an vision o
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• If you do not return a Form NJ-W4 to Public Partnerships, we will default your filling status to Single filing status with Zero allowances.

Who needs to sign?

The PEP signs and dates the bottom of this form. The Participant/Employer does **NOT** need to sign this form.

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